

Department of Regulation & Licensing

State of Wisconsin
(608) 266-2852

TTY# (608) 267-2416, hearing or speech
TRS# 1-800-947-3529, impaired only

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Website: <http://drl.wi.gov>

FAX #: (608) 267-1809

OFFICE OF EXAMINATIONS

STATUTES AND RULES EXAMINATION REVIEW REQUEST

PLEASE PRINT

Applicant Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Daytime Phone: (____) _____

Approximate date the examination was submitted for scoring: _____

Please check the statutes and rules examination you wish to review:

- | | |
|---|--|
| <input type="checkbox"/> Advanced Practice Nurse Prescriber | <input type="checkbox"/> Occupational Therapist/Occupational |
| <input type="checkbox"/> Art Therapist | <input type="checkbox"/> Therapy Assistant |
| <input type="checkbox"/> Auctioneer | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Barrier Free Design | <input type="checkbox"/> Perfusionist |
| <input type="checkbox"/> Certified Public Accountant | <input type="checkbox"/> Physical Therapist/Physical Therapy |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Assistant |
| <input type="checkbox"/> Dance Therapist | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Funeral Director | <input type="checkbox"/> Professional Counselor |
| <input type="checkbox"/> Home Inspector | <input type="checkbox"/> Psychology Ethics |
| <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Real Estate Appraiser |
| <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Respiratory Care Practitioner |
| <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Music Therapist | <input type="checkbox"/> Veterinarian |
| | <input type="checkbox"/> Veterinary Technician |

IMPORTANT: Please read the attached sheet which describes the differences between the two review options.

Please call (608) 266-2852 to set up a date and time for review.

Method of Review: ☐ In Person
(please check one box) ☐ Telephone

☒ **\$28.00 fee is required for either method of examination review.**

MAKE CHECK PAYABLE TO: Department of Regulation and Licensing

MAIL TO: Office of Examinations
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708

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